

Name: _____

Title: _____

Email: _____

Telephone number: _____

Division: _____

Status: Gov employee ____ Contractor ____ Other ____

Lab Facility: _____

I would like to participate on the following cruises (circle all choices):

Winter Cruise Leg 1: Feb. 3 – 14

Leg 2: Feb. 18 – Mar. - 1

Spring Survey Leg 1: Mar. 3-14

Leg 2: Mar. 17 – 28

Leg 3: Mar. 31 – April 11

Leg 4: Apr. 14 – 25

Sea Scallop Survey Leg 1: June 9 - 24

Leg 2: July 14 - 25

Autumn Survey Leg 1: Sept 2-12

Leg 2: Sept 15-26

Leg 3: Sept 29 - Oct 10

Leg 4: Oct 13-24

Acoustics Survey Leg 1: Sept 2-12

Leg 2: Sept 15-26

Leg 3: Sept 29 - Oct 10

Supervisor's approval:

Name: _____

Signature: _____

Date: _____

Previous Experience:

Please check if you have:

1. Experience as a cutter: Some ____ Frequently ____

2. Experience as a recorder: Some ____ Frequently ____

3. Experience with FSCS:

Recorder ____ Loading Data ____ Solving database issues ____

4. Watch Chief experience: Before FSCS ____ With FSCS ____

5. Chief Scientist experience _____

Comments:

Once completed Please mail/Fax to: Stacy Rowe
NOAA/NMFS
166 Water Street
Woods Hole, MA 02543
FAX 508-495-2258